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| Fill in this information to identify your c | ase: | |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|---|
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Emmanuel First Name | First Name |
| | passport). | Middle Name | Middle Name |
| | | Poulard | |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First Name | First Name |
| | Include your married or | Middle Name | Middle Name |
| | maiden names. | Last Name | Last Name |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>5</u> <u>9</u> <u>6</u> <u>9</u> | xxx - xx |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number | 9xx - xx | 9xx - xx |

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| Deb | otor 1 | Emmanuel Poulard | | | Case | e number (if known) | |
|-----|--------------------|--|------------|---|------|-----------------------------|---|
| | | | Abo | out Debtor 1: | | About Debtor 2 (S | Spouse Only in a Joint Case): |
| 4. | and Em | | | I have not used any business names or El | INs. | ☐ I have not use | ed any business names or EINs. |
| | (EIN) y | cation Numbers ou have used in t 8 years | Busi | ness name | _ | Business name | |
| | | trade names and | Busi | ness name | _ | Business name | |
| | doing b | usiness as names | Busi | ness name | _ | Business name | |
| | | | | | _ | | |
| | | | EIN | _ | | EIN _ | |
| | | | EIN | | - | EIN | |
| 5. | Where | you live | | | | If Debtor 2 lives a | t a different address: |
| | | | 225 Num | 51 Swift Current Drive | _ | Number Street | |
| | | | | | _ | | |
| | | | | | | | |
| | | | | (O.A. 00005 | _ | | |
| | | | City | catur GA 30035 State ZIP Code | _ | City | State ZIP Code |
| | | | Del Cou | Kalb | _ | County | |
| | | | | | | · | |
| | | | the cou | our mailing address is different from one above, fill it in here. Note that the rt will send any notices to you at this ling address. | | from yours, fill it i | ng address is different in here. Note that the court es to you at this mailing |
| | | | Num | nber Street | _ | Number Street | |
| | | | P.O. | Вох | _ | P.O. Box | |
| | | | City | State ZIP Code | _ | City | State ZIP Code |
| 6. | | ou are choosing | Che | eck one: | | Check one: | |
| | this dis bankru | strict to file for ptcy | Ø | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | 180 days before filing this e lived in this district longer her district. |
| | | | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | I have anothe (See 28 U.S.0 | or reason. Explain. C. § 1408.) |
| P | art 2: | Tell the Court Ab | out Y | our Bankruptcy Case | | | |
| | | | | | | | |
| 7. | Bankru | apter of the uptcy Code you posing to file | | k one: (For a brief description of each, see ankruptcy (Form 2010)). Also, go to the top | | | |
| | under | come to mo | | Chapter 7 | | | |
| | | | | Chapter 11 | | | |
| | | | | Chapter 12 | | | |
| | | | 1 | Chapter 13 | | | |

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| Deb | tor 1 | mmanuel Poulard | | | | Ca | ase nun | nber (if known) | | |
|-----|------------------|-----------------------------------|-------------------------|----------------------------|--|---|------------------------------|---|--------------------------------------|-------------------------------|
| 8. | How you | you will pay the fee | | court f | or more details about th cash, cashier's cl | when I file my petition ut how you may pay. heck, or money order. pay with a credit card | Typical . If you | ly, if you are pay r attorney is subi | ring the fee you mitting your pay | self, you may |
| | | | | | | nstallments. If you congress fee in Installments | | | and attach the A | application for |
| | | | | By law than 1 fee in | , a judge may, but is 50% of the official pinstallments). If you | waived (You may red s not required to, waiv coverty line that applie u choose this option, y al Form 103B) and file | e your s to you ou mus | fee, and may do ur family size an st fill out the App | so only if your i d you are unabl | ncome is less e to pay the |
| 9. | Have you | | | No | | | | | | |
| | - | Di | $\overline{\mathbf{V}}$ | Yes. | | | | | | |
| | | | Dist | rict NE | OGA | | When | 07/31/2015 MM / DD / YYYY | Case number | 15-64435 |
| | | | Dist | rict | | | When | MM / DD / YYYY | Case number | |
| | | | Dist | rict | | | When | | Case number | |
| 10. | | bankruptcy | $\overline{\mathbf{V}}$ | No | | | | | | |
| | • | nding or being I spouse who is | | Yes. | | | | | | |
| | _ | this case with y a business | Deb | otor | | | | Relationsh | ip to you | |
| | partner, | or by an | Dist | rict | | | When | | Case number, | |
| | affiliate? | | | | | | | MM / DD / YYYY | if known | |
| | | | Deb | tor | | | | Relationsh | ip to you | |
| | | | Dist | rict | | | When | | Case number, | |
| | | | | | | | | MM / DD / YYYY | if known | |
| 11. | Do you residence | • | | | Go to line 12. Has your landlord of | obtained an eviction ju | ıdgmen | t against you? | | |
| | | | | | | e 12. nitial Statement About art of this bankruptcy | | Ū | Against You (Fo | orm 101A) |

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| Debtor 1 | | Emmanuel Poulard | Case number (if known) | | | | | | |
|--------------------|--|---|------------------------|----------------------------|---|--|---|-----------------------------|----------------------------------|
| P | art 3: | Report About An | у Ві | usine | sses You Own as a S | Sole Proprietor | | | |
| 12. | - | u a sole proprietor full- or part-time ss? | | | Go to Part 4. Name and location of bus | iness | | | |
| | busines individu separat | oroprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or | | | Name of business, if any Number Street | | | | |
| | sole pro | ave more than one oprietorship, use a e sheet and attach it etition. | | | Single Asset Real E Stockbroker (as defi | ox to describe your buses (as defined in 11 U. state (as defined in 11 ned in 11 U.S.C. § 10 as defined in 11 U.S.C. | S.C. § 101(27A)) U.S.C. § 101(51B 1(53A)) | ZIP Co | ode |
| | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business | | can | set ap st recei | filing under Chapter 11, the propriate deadlines. If you nt balance sheet, statemen f these documents do not e | u indicate that you are at of operations, cash-f | a small business of low statement, and | lebtor, you d federal ir | must attach your come tax return |
| | debtor? | | No. | I am not filing under Chap | oter 11. | | | | |
| | For a definition of small business debtor, see | | | No. | I am filing under Chapter the Bankruptcy Code. | 11, but I am NOT a sn | nall business debt | or accordir | ng to the definition in |
| | 11 U.S. | C. § 101(51D). | | Yes. | I am filing under Chapter Bankruptcy Code. | 11 and I am a small b | usiness debtor acc | cording to t | he definition in the |
| P | art 4: | Report If You Ov | vn o | r Hav | e Any Hazardous Pro | operty or Any Pro | perty That Ne | eds Imm | nediate Attention |
| 14. | propert alleged immine | own or have any y that poses or is to pose a threat of nt and identifiable | | No Yes. | What is the hazard? | | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | If immediate attention is | needed, why is it need | ed? | | |
| perisha livesto | | mple, do you own ble goods, or k that must be fed, or ng that needs urgent | | | Where is the property? | umber Street | | | |
| | | | | | c | ity | | State | ZIP Code |

| Deb | tor 1 Emmanuel | Poulard | | Case number (if kno | own) | | |
|---|--|--|---|---|--|--|--|
| P | art 5: Explain Y | our Efforts to Re | eceive a Briefing About Credit | Counseling | | | |
| 15. | Tell the court whether you have received a briefing about credit counseling. The law requires | counseling ager filed this bankru certificate of co Attach a copy of | fing from an approved credit ncy within the 180 days before I ptcy petition, and I received a | You must check one I received a brie counseling ager filed this bankru certificate of cor Attach a copy of | fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a | | |
| that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. | | counseling ager filed this bankru a certificate of c Within 14 days a | fing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have ompletion. fter you file this bankruptcy petition, copy of the certificate and payment | counseling ager filed this bankru a certificate of c Within 14 days a | efing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have completion. Ifter you file this bankruptcy petition, copy of the certificate and payment | | |
| | If you cannot do so, you are not eligible to file. If you file anyway, the court can | services from an unable to obtain days after I mad | ked for credit counseling n approved agency, but was those services during the 7 e my request, and exigent nerit a 30-day temporary quirement. | □ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | | |
| you will lo whatever you paid, creditors | dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. | requirement, atta efforts you made were unable to ol | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you otain it before you filed for what exigent circumstances le this case. | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | | |
| | | dissatisfied with | e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy. | | | | |
| | | still receive a brie You must file a co along with a copy developed, if any | the court is satisfied with your reasons, you must till receive a briefing within 30 days after you file. You must file a certificate from the approved agency, long with a copy of the payment plan you eveloped, if any. If you do not do so, your case hay be dismissed. | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | |
| | | • | the 30-day deadline is granted only imited to a maximum of 15 days. | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | | | |
| | | ☐ I am not require credit counseling | d to receive a briefing about g because of: | ☐ I am not require credit counseling | d to receive a briefing about ng because of: | | |
| | | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | |
| | | ☐ Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | ☐ Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | |
| | | Active duty. | I am currently on active military duty in a military combat zone. | Active duty. | I am currently on active military duty in a military combat zone. | | |
| | | If you believe you | are not required to receive a | If you believe you | u are not required to receive a | | |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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| Deb | otor 1 | Emmanuel Poulard | | | | Case number (if | know | n) |
|-----|--|--|-------|--|--------|--|-------|--|
| P | art 6: | Answer These Q | uesti | ons for Reporting Pu | ırpos | ses | | |
| 16. | What kind have? | ind of debts do you | 16a. | | | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." |
| | | | 16b. | money for a business or No. Go to line 16c. Yes. Go to line 17. | invest | iness debts? Business debt ment or through the operation that are not consumer or bus | of th | |
| 17. | Are you | u filing under r 7? | V | No. I am not filing under | Chap | ter 7. Go to line 18. | | |
| | any exc exclude admini- are paid availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors? | | | | • | - | xempt property is excluded and to distribute to unsecured creditors? |
| 18. | | any creditors do timate that you | | 1-49 50-99 100-199 200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | | uch do you te your assets to th? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | | uch do you te your liabilities to | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

| Debtor 1 | Emmanuel Poulard | | Case number (if known) |
|----------|-------------------------|---|---|
| Part 7: | Sign Below | | |
| For you | | I have examined this petition, and I declare un and correct. | nder penalty of perjury that the information provided is true |
| | | · | aware that I may proceed, if eligible, under Chapter 7, 11, 12, tand the relief available under each chapter, and I choose to |
| | | If no attorney represents me and I did not pay fill out this document, I have obtained and rear | or agree to pay someone who is not an attorney to help me d the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the chapter | of title 11, United States Code, specified in this petition. |
| | | • | aling property, or obtaining money or property by fraud in in fines up to \$250,000, or imprisonment for up to 20 years, 571. |
| | | X /s/ Emmanuel Poulard | X |
| | | Emmanuel Poulard, Debtor 1 | Signature of Debtor 2 |
| | | Executed on 03/29/2018 | Executed on |

MM / DD / YYYY

MM / DD / YYYY

Case 18-55316-jwc Doc 1

| Debtor 1 | Emmanuel Poulard | | Case number (if know | n) | | | |
|----------|---|--|----------------------|------------------------------|--|--|--|
| epresent | nttorney, if you are ed by one not represented by ey, you do not need page. | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained relief available under each chapter for which the person is eligible. I also certify that I have delivered the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies certify that I have no knowledge after an inquiry that the information in the schedules filed with the period is incorrect. | | | | | |
| | | X /s/ Matthew T. Berry Signature of Attorney for Debtor | Date | 03/29/2018 MM / DD / YYYY | | | |
| | | Matthew T. Berry Printed name | | | | | |
| | | Berry & Associates Firm Name | | | | | |
| | | 2751 Buford Hwy Number Street | | | | | |
| | | Suite 400 | | | | | |
| | | Atlanta | GA | 30324 | | | |
| | | City | State | ZIP Code | | | |
| | | Contact phone (404) 235-3300 | Email address mberr | y@mattberry.com | | | |
| | | 055663 | State | _ | | | |
| | | Bar number | State | | | | |

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| Fill in this in | nformation to ider | tify your case and this filing: | | |
|---|---|--|---|--------------------------------------|
| Debtor 1 | Emmanuel First Name | Poulard Middle Name Last Name | | |
| Debtor 2 (Spouse, if filing | g) First Name | Middle Name Last Name | | |
| United States B | Sankruptcy Court for the | NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | | | — | if this is an ed filing |
| Official Forr | m 106A/R | | | |
| | VB: Property | | | 12/15 |
| the asset in the filing together, k sheet to this for Part 1: | category where you the coth are equally responding. On the top of any a case cribe Each Res | describe items. List an asset only once. If an nink it fits best. Be as complete and accurate nsible for supplying correct information. If meadditional pages, write your name and case not idence, Building, Land, or Other Real equitable interest in any residence, building, I | as possible. If two married pe ore space is needed, attach a s umber (if known). Answer eve Estate You Own or Have | ople are separate ry question. |
| ш | o to Part 2. Where is the property? | | | |
| 1.1. 2251 Swift Cur Street address, if ava | rrent Dr ailable, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured clain amount of any secured clain Creditors Who Have Claim. Current value of the | ms on Schedule D: |
| | | Condominium or cooperative | entire property? | portion you own? |
| City | GA 30035 State ZIP Cod | — | \$165,800.00 Describe the nature of yo interest (such as fee simple entireties, or a life estate) | ole, tenancy by the |
| County | | Who has an interest in the property? | Ownership Subject to I | Lien |
| | | Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot | Check if this is comm (see instructions) | unity property |
| | | Other information you wish to add about the property identification number: | out this item, such as local | _ |
| | | n you own for all of your entries from Part 1, index for Part 1. Write that number here | | \$165,800.00 |
| Part 2: D | escribe Your Vehi | cles | | |
| - | · · | quitable interest in any vehicles, whether they bu lease a vehicle, also report it on Schedule G: E | _ | • |
| 3. Cars, vans, | trucks, tractors, spor | t utility vehicles, motorcycles | | |
| □ No ⊽ 1 Yes | | | | |

Official Form 106A/B Schedule A/B: Property page 1

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| Deb | tor 1 Emmar | nuel Poulard | Ca | ase number (if known) | |
|-------------|---------------------------|---|---|---------------------------------------|---|
| 3.1. Mak | e: | Mercedes | Who has an interest in the property? Check one. | amount of any secured cla | |
| Mod | lel: | 550 | Debtor 1 only | Creditors Who Have Claim | |
| Yea | r: | 2008 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| App | roximate mileage: | : | At least one of the debtors and anothe | | \$8,725.00 |
| Othe | er information: | | | 40,1 20.00 | Ψο,7 20.00 |
| 200 | 8 Mercedes 55 | 0 | Check if this is community property (see instructions) | | |
| 4. | Examples: Boats | | 'Vs and other recreational vehicles, other ve onal watercraft, fishing vessels, snowmobiles, | | |
| | ✓ No ☐ Yes | | | | |
| 5. | | | ou own for all of your entries from Part 2, inc for Part 2. Write that number here | | \$8,725.00 |
| Pa | art 3: Desc | ribe Your Person | al and Household Items | | |
| Doy | you own or have | any legal or equitable | e interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | • | ds and furnishings or appliances, furniture, | linens, china, kitchenware | | |
| | ☐ No ☑ Yes. Descri | be HHG | | | \$2,000.00 |
| 7. | • | | io, video, stereo, and digital equipment; compu c devices including cell phones, cameras, medi | | |
| | ✓ No ☐ Yes. Descri | be | | | |
| 8. | • | ques and figurines; pair | ntings, prints, or other artwork; books, pictures, od collections; other collections, memorabilia, co | - | |
| | ✓ No Yes. Descri | be | | | |
| 9. | Examples: Spor cano | | ise, and other hobby equipment; bicycles, pool try tools; musical instruments | tables, golf clubs, skis; | |
| | ✓ No ☐ Yes. Descri | be | | | |
| 10. | Firearms Examples: Pisto | ols, rifles, shotguns, am | munition, and related equipment | | |
| | ✓ No ☐ Yes. Descri | be | | | |
| 11. | Clothes Examples: Ever | yday clothes, furs, leatl | her coats, designer wear, shoes, accessories | | |
| | ☐ No ☑ Yes. Descri | be Clothing | | | \$500.00 |

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| Deb | tor 1 | Emmanuel Poulard | | Case number (if known) | |
|-----|--------------------|--|--|---|---|
| 12. | Jewelry Example | | stume jewelry, engagement rings, | wedding rings, heirloom jewelry, watches, gems, | |
| | ✓ No ☐ Yes | . Describe | | | |
| 13. | | m animals es: Dogs, cats, birds, ho | rses | | |
| | ✓ No ☐ Yes | . Describe | | | |
| 14. | Any oth | • | hold items you did not already l | ist, including any health aids you | |
| | _ | . Give specific rmation | | | |
| 15. | | | | g any entries for pages you have | \$2,500.00 |
| Pa | art 4: | Describe Your Fi | nancial Assets | · | |
| Doy | ou own | or have any legal or ed | uitable interest in any of the fol | lowing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Example | es: Money you have in y petition | our wallet, in your home, in a safe | deposit box, and on hand when you file your | |
| | ✓ No ☐ Yes | | | Cash: | · |
| 17. | | 0. 0. | · · | ates of deposit; shares in credit unions, I have multiple accounts with the same | |
| | □ No ✓ Yes | | Institution name: | | |
| | 17. | Checking account: | Chase Checking accou | nt | \$0.00 |
| | 17. | 2. Savings account: | Chase Savings account | t . | \$0.00 |
| 18. | Example | mutual funds, or publices: Bond funds, investm | cly traded stocks ent accounts with brokerage firms | , money market accounts | |
| | ✓ No ☐ Yes | Inst | itution or issuer name: | | |
| 19. | - | blicly traded stock and est in an LLC, partners | | nincorporated businesses, including | |
| | | . Give specific rmation about | | | |
| | | | ne of entity: | % of ownership: | |

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| Deb | tor 1 Emmanuel Poulard | Case number (if known) |
|-----|--|--|
| 20. | Government and corporate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promis Non-negotiable instruments are those you cannot transfer to someone by | ssory notes, and money orders. |
| | No Yes. Give specific information about them Issuer name: | |
| 21. | Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings profit-sharing plans | accounts, or other pension or |
| | ✓ No Yes. List each account separately. Type of account: Institution name: | |
| 22. | Security deposits and prepayments Your share of all unused deposits you have made so that you may continu Examples: Agreements with landlords, prepaid rent, public utilities (electric companies, or others | • • |
| | ✓ No ☐ Yes Institution name or individu | ual: |
| 23. | Annuities (A contract for a specific periodic payment of money to you, e ✓ No ✓ Yes | ither for life or for a number of years) |
| 24. | Interests in an education IRA, in an account in a qualified ABLE prog 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ram, or under a qualified state tuition program. |
| | No Yes Institution name and description. Separately | file the records of any interests. 11 U.S.C. § 521(c) |
| 25. | Trusts, equitable or future interests in property (other than anything powers exercisable for your benefit | listed in line 1), and rights or |
| | ✓ No Yes. Give specific information about them | |
| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual <i>Examples</i> : Internet domain names, websites, proceeds from royalties and | |
| | ✓ No Yes. Give specific information about them | |
| 27. | Licenses, franchises, and other general intangibles <i>Examples:</i> Building permits, exclusive licenses, cooperative association | holdings, liquor licenses, professional licenses |
| | ✓ No Yes. Give specific information about them | |
| Mor | ney or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | |
| | ✓ No ✓ Yes. Give specific information | Federal: |
| | about them, including whether you already filed the returns | State: |
| | and the tax years | Local: |

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| Deb | etor 1 Emmanuel Poulard | Case number (if known) | |
|-----|---|---|-----------------------|
| 29. | Family support Examples: Past due or lump sum alimony, spousal support, child support, mainte | enance, divorce settlement, property se | ettlement |
| | ✓ No ☐ Yes. Give specific information | Alimony: | |
| | Too. Give specific information | Maintenance: | |
| | | _ | |
| | | Support: | |
| | | | |
| | | Property settlement: | |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick compensation, Social Security benefits; unpaid loans you made to so | | |
| | ✓ No✓ Yes. Give specific information | _ | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); cre- | dit, homeowner's, or renter's insurance | , |
| | No Yes. Name the insurance company of each policy and list its value Company name: | Beneficiary: Surre | nder or refund value: |
| 32. | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance prentitled to receive property because someone has died | olicy, or are currently | |
| | ✓ No ☐ Yes. Give specific information | _ | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made Examples: Accidents, employment disputes, insurance claims, or rights to sue | a demand for payment | |
| | ✓ No✓ Yes. Describe each claim | _ | |
| 34. | Other contingent and unliquidated claims of every nature, including countercrights to set off claims | claims of the debtor and | |
| | ✓ No ☐ Yes. Describe each claim | _ | |
| 35. | Any financial assets you did not already list | | |
| | ☑ No☑ Yes. Give specific information | _ | |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for attached for Part 4. Write that number here | | \$0.00 |
| Pa | art 5: Describe Any Business-Related Property You Own or Ha | ve an Interest In. List any re | al estate in Part 1. |
| 37. | Do you own or have any legal or equitable interest in any business-related p | roperty? | |
| | ✓ No. Go to Part 6.✓ Yes. Go to line 38. | | |

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| Deb | or 1 Emmanuel Poulard | Case number (if known) | |
|-----|---|------------------------------|--|
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions you already earned | | · |
| | ✓ No ☐ Yes. Describe | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices | machines, rugs, telephones, | |
| | ✓ No ☐ Yes. Describe | | |
| 40. | Machinery, fixtures, equipment, supplies you use in business, and tools of y | our trade | |
| | ✓ No ☐ Yes. Describe | | |
| 41. | Inventory | | |
| | ☑ No ☐ Yes. Describe | | |
| 42. | Interests in partnerships or joint ventures | | |
| | ✓ No ✓ Yes. Describe Name of entity: | % of ownership: | |
| 43. | Customer lists, mailing lists, or other compilations | | |
| | No Yes. Do your lists include personally identifiable information (as defined No Yes. Describe | in 11 U.S.C. § 101(41A))? | |
| 44. | Any business-related property you did not already list | | |
| | ✓ No✓ Yes. Give specific information. | | |
| 45. | Add the dollar value of all of your entries from Part 5, including any entries f attached for Part 5. Write that number here | or pages you have | \$0.00 |
| Pa | Describe Any Farm- and Commercial Fishing-Related Pr If you own or have an interest in farmland, list it in Part 1. | operty You Own or Have a | n Interest In. |
| 46. | Do you own or have any legal or equitable interest in any farm- or commerci | al fishing-related property? | |
| | ✓ No. Go to Part 7. ☐ Yes. Go to line 47. | | |
| 47 | Form onimals | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm animals Examples: Livestock, poultry, farm-raised fish | | |
| | ☑ No ☐ Yes | | |
| | Yes | | |

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| Debt | or 1 Emmanuel Poulard | Case number (| if known) | |
|------|---|---------------------------|-------------------------------|--------------|
| 48. | Cropseither growing or harvested | | | |
| | ✓ No Yes. Give specific information | | _ | |
| 49. | Farm and fishing equipment, implements, machinery, fixtures, | and tools of trade | | |
| | ✓ No ☐ Yes | | _ | |
| 50. | Farm and fishing supplies, chemicals, and feed | | | |
| | ✓ No ☐ Yes | | _ | |
| 51. | Any farm- and commercial fishing-related property you did no | t already list | | |
| | ✓ No Yes. Give specific information | | _ | |
| | Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here | | | \$0.00 |
| Pa | rt 7: Describe All Property You Own or Have an In | terest in That You Did No | ot List Above | |
| 53. | Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership | t? | | |
| | ☑ No☑ Yes. Give specific information. | | _ | |
| 54. | Add the dollar value of all of your entries from Part 7. Write th | at number here | → | \$0.00 |
| Pa | rt 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | > _ | \$165,800.00 |
| 56. | Part 2: Total vehicles, line 5 | \$8,725.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$2,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$0.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | <u>\$0.00</u> | | |
| 62. | Total personal property. Add lines 56 through 61 | #44 OOF OO '' | r personal erty total → +_ | \$11,225.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$177,025.00 |

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| | ormation to id | entify your c | ase: | | | |
|--|--|---|--|------------------------------------|--|---|
| Debtor 1 | Emmanuel | | Poulard | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for | the: NORTHE | RN DISTRICT OF | GEO | RGIA | ☐ Check if this is an |
| Case number (if known) | | | | | | amended filing |
| Official Form | 106C | | | | | |
| Schedule C | : The Prope | rty You Cla | aim as Exemp | ot | | 04/10 |
| Using the property | you listed on Sche | edule A/B: Prope this page as ma | erty (Official Form 10 | 6A/B) | as your source, list th | esponsible for supplying correct information. e property that you claim as exempt. If more ssary. On the top of any additional pages, |
| is to state a speci exempted up to the receive certain be exemption of 100° | fic dollar amount ne amount of any enefits, and tax-ex % of fair market v | as exempt. Alto applicable statu empt retiremen alue under a lav | ernatively, you may utory limit. Some ex t fundsmay be unly w that limits the exe | / clair xemp limite empti | n the full fair market tionssuch as those d in dollar amount. | you claim. One way of doing so yalue of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the e statutory amount. |
| Part 1: Ide | entify the Prop | erty You Clai | m as Exempt | | | |
| 1. Which set of | exemptions are y | ou claiming? | Check one only, | even | if your spouse is filing | with you. |
| <u></u> | claiming state and claiming federal ex | | ruptcy exemptions. .S.C. § 522(b)(2) | 11 U. | S.C. § 522(b)(3) | |
| 2. For any prop | erty you list on S | chedule A/B tha | at you claim as exer | mpt, 1 | ill in the information | below. |
| - | of the property an t lists this propert | y | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: 2251 Swift Curre | | | \$165,800.00 | | \$21,500.00 100% of fair market value, up to any applicable statutory | O.C.G.A. § 44-13-100(a)(1) |
| Line from Schedule | | | | | limit | |
| _ | | | \$8.725.00 | | | O.C.G.A. § 44-13-100(a)(3) |
| Brief description: 2008 Mercedes Line from Schedule | | | \$8,725.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(3) |

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| Debtor 1 | Emmanuel Poulard | | Case number | r (if known) |
|---|---|--------------------------------------|--|------------------------------------|
| Part 2: | Additional Page | | | |
| | iption of the property and line on /B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief descrip HHG Line from So | otion: chedule A/B:6 | \$2,000.00 | \$2,000.00 100% of fair market value, up to any applicable statutory | O.C.G.A. § 44-13-100(a)(4) |
| Brief descrip Clothing Line from So | otion: chedule A/B:11 | \$500.00 | \$500.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(4) |
| | otion: ecking account chedule A/B:17.1 | \$0.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(6) |
| | otion: vings account chedule A/B:17.2 | \$0.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(6) |

| Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Capital One Auto Finance Creditor's name Attn: Bankruptey Number Street PO Box 30285 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only An agreement you made (such as montgage or secured car loan) | Debtor 1 | | | | | | |
|--|--|--|--|---|-----------------------------------|--|-------------------|
| Debtor 2 (Spouse, if filing) First Name | Debtor 2 Check if this is an amended filing First Name Midde Name Last Name La | Fill in this info | ormation to identif | y your case: | | | |
| Debtor 2 (Spouse, if filing) First Name | Debtor 2 Check if this is an amended filing First Name Midde Name Last Name La | Debtor 1 | Emmanuel | Poulard | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (if known) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claims: Capital One Auto Finance Describe the property that secures the claims is check all that apply. Capital One Auto Finance PO Box 30285 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | Column A and support this form. Column B and the information below. Part 1: List All Secured Claims. If a creditor has more than one secured claim, list the creditor's name. Describe the property that secures the claim: 2018 Mercedes 550 Sanktu Lake City UT 84130 City State Capital One Auto Finance Creditor's name Column B Column | | First Name M | iddle Name Last Name | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (if known) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured daim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2 Describe the property that secures the claim: 2.3 As of the date you file, the claim is: Check all that apply. Contingent Uniliquidated Disputed Uniliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (if known) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claims: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Describe the property that secures the claim: 2.3 Salt Lake City UT 84130 Disputed Disputed | Debtor 2 | | | | | |
| Case number (if known) Check if this is an amended filing | Case number ((if known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims | | First Name M | liddle Name Last Name | | | |
| Case number (if known) Check if this is an amended filing | Case number ((if known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims | | | IODTUEDN DISTRICT OF SECON | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Describe the property that secures the claim: 2.3 State Lake City UT 84130 Contingent As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only An agreement you made (such as mortgage or secured car loan) | Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor sparately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Describe the property that secures the claim: 2.2.1 State 2 Describe the property that secures the claim: 2.2.1 Capital One Auto Finance Cordictor's name As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 6 including a right to offset) Title Lien Date debt was incurred 8/2017 Last 4 digits of account number 1 0 0 1 1 | United States Bar | nkruptcy Court for the: N | IORTHERN DISTRICT OF GEORG | IA | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2 Salt Lake City UT 84130 Contingent Unliquidated City State ZIP Code Disputed Who owes the debt? Check one. Disputed Who are secured car loan) Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditors separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim and phabetical order according to the creditor's name. Describe the property that secures the claims: Describe the property that secures the claims: 2.1 | Case number | | | | ☐ Check if this is | s an |
| Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Capital One Auto Finance Creditor's name Attn: Bankruptey Number Street PO Box 30285 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only An agreement you made (such as mortgage or secured car loan) | Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2008 Mercedes 550 As of the date you file, the claim is: Check all that apply. Contingent Con | (if known) | | | | _ | |
| Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2.2.1 Capital One Auto Finance Creditor's name Attn: Bankruptey Number Street PO Box 30285 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only An agreement you made (such as mortgage or secured car loan) | Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: 2.1 Describe the property that secures the claim: 2008 Mercedes 550 As of the date you file, the claim is: Check all that apply. Contingent Con | | 4000 | | | · | , |
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Add the dollar value of your entries in Column A on this page. Write that number here:

\$18,549.00

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| Debtor 1 Emmanuel Poulard | | _ Case number (if | known) | |
|--|--|--|---|-----------------------------------|
| Part 1: Additional Page After listing any entries on to sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| The Talbot State Bank Creditor's name 76 E Main St Number Street | Describe the property that secures the claim: 2251 Swift Current Dr | \$127,916.00 | \$165,800.00 | |
| Woodland GA 31836 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another □ Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medical Judgment lien from a lawsuit) Other (including a right to offset) First Mortgage | mortgage or secured | car loan) | |
| Date debt was incurred <u>12/2012</u> \$17.325 arrears | Last 4 digits of account number | 2 1 0 0 | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$127,916.00 \$146,465.00

Case 18-55316-jwc Doc 1 Filed 03/29/18 Entered 03/29/18 17:09:37 Desc Main Document Page 20 of 65

| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORIT claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 100 Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Profit more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for eac claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. | | | 416 | | 1 | | |
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| Debtor 2 (Spouse, If filing) First Name | Debtor 1 | | Middle Name | | | | |
| Case number (if known) Check if this is an amended filing | | i iist ivaille | Middle Name | Lastivanie | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (if known) Check if this is an amended filing Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 1. Check if this is an amended filing Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 106 not include any creditors with partially secured claims stated in Schedule D: Creditors Who Hold Claims Secured by Prop on the Include any creditors with partially secured Claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Prop on this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and claim. Is a creditor has both priority and nonpriority amounts, list that claim here and to the creditor's name. I more space is needed for priority unsecured claim; lill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other credit | | First Name | Middle Name | Last Name | | | |
| Case number ((if known) | (Opodoo, ii iiiiig) | | aa.e . tae | 2351.14.115 | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 1 | United States Ba | nkruptcy Court for | the: NORTHER | RN DISTRICT OF GEORGIA | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 1 Se as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 106 ABAB) and on Schedule ABAP: Property (Official Form 106 ABAB) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106 No not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Prop on the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Same ZIP Code When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt She claim subject to offset? | Case number | | | | | Chook if this is a | nn. |
| List All of Your PRIORITY Unsecured Claims List All of Your PRIORITY Unsecured Claims. If a claim has both priority and non-priority unsecured claims, list the creditor separately for each claim. For each claim listed, identify what type of claims. As much as possible, its the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts in Schedule A'B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Exe | (if known) | | | | _ | | 211 |
| Schedule E/F: Creditors Who Have Unsecured Claims as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and Official Form 106A/B). List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claims is a claim has both priority and nonpriority amounts, list that claim has possible, list the claims in a phabetical order according to the creditors and of the debt your priority unsecured claims. If a claim has both priority and nonpriority amount and priority and nonpriority amounts. It is a claim has both priority and nonpri | Official Form | 106E/E | | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Schedule Att. Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106 to not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Prop to not space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page of this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Ves. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's hame. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Nonpriority Creditor's Name Bankruptcy Unit When was the debt incurred? In Indiquidated bisputed by the claim is: Check all that apply. Contingent Uniquidated Disputed State ZIP Code Disputed Disputed State ZIP Code Disputed State | | | - \A/l | a Uma a a coma di Olaima | | | 4. |
| laims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or schedule ArB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106 no include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Proprimore space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page on this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority amount Priority amount Nonprior amount Last 4 digits of account number Bankruptcy Unit Uniter Uniter Street BOD Century Blvd, NE, Ste 9100 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least to ne of the debtors and another Check if this claim is for a community debt The claim subject to offset? | scheaule E/ | F: Creditors | s wno Hav | e Unsecured Claims | | | 1: |
| Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. | more space is no this page. On t | heeded, copy the l | Part you need, f litional pages, w | ill it out, number the entries in the rrite your name and case number (| boxes on the left. At | | , , |
| No. Go to Part 2. Yes. | | | | | | | |
| List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonprior amount Last 4 digits of account number Beorgia Department of Revenue Fiority Creditor's Name Bankruptey Unit When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? | | | unsecured ciaii | ms against you? | | | |
| List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list that claim here and show both priority amounts, list the claim is alphabetical order according to the creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one creditor's name. I more space of Part 1. If more than one | 브 | to Part 2. | | | | | |
| claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. I more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount Seorgia Department of Revenue Friority Creditor's Name Bankruptcy Unit Full Last 4 digits of account number Bankruptcy Unit Full Last 4 digits of account number Bankruptcy Unit Full Last 4 digits of account number Contingent When was the debt incurred? When was the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Steel Last No Check if this claim is for a community debt Steel Last No Check if this claim is for a community debt Steel Last No Check if this claim is for a community debt Steel Last No Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check If this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check If the claim is the claim i | | | | | | | |
| Last 4 digits of account number Street When was the debt incurred? | show both prio more space is claim, list the | ority and nonpriorit s needed for priorit other creditors in F | y amounts. As n y unsecured clair Part 3. | nuch as possible, list the claims in al ms, fill out the Continuation Page of | phabetical order acco Part 1. If more than o ruction booklet. | rding to the creditone creditor holds a | or's name. If a particular Nonprior |
| Cast 4 digits of account number | 2.1 | | | | \$458.00 | \$458.00 | \$ |
| When was the debt incurred? When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | е | Last 4 digits of account number | | | |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | | • | | | |
| Atlanta GA 30345 ity State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No | lumber Street | | 0 | | | - | |
| Unliquidated Disputed | ooo Century Bi | IVU, IVL, SIE 910 | <u> </u> | | is: Check all that app | lly. | |
| Atlaanta GA 30345 State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt state claim subject to offset? Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | | | | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Stee Claim subject to offset? ☐ No | | | | — · · . | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | | Type of PRIORITY unsecured cla | im: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify The claim subject to offset? No | | | | ☐ Domestic support obligations | | | |
| At least one of the debtors and another intoxicated Check if this claim is for a community debt sthe claim subject to offset? No | _ | Debtor 2 only | | V | , , | ent | |
| Check if this claim is for a community debt Other. Specify s the claim subject to offset? No | ┛ | | nother | | ijury wnile you were | | |
| s the claim subject to offset? No | | | | | | | |
| | | ct to offset? | | | | | |
| | ≌√ | | | | | | |

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| Debtor 1 | Emmanuel | Poular | d | | Case number (if known | n) | |
|-----------------------------|---|----------|-----------------|--|--------------------------|-----------------|--------------------|
| Part 1: | Your PRI | ORITY | Unsecured C | laims Continuation Page | | | |
| After listin | • • | n this p | age, number the | n sequentially from the | Total claim | Priority amount | Nonpriority amount |
| 2.2 | | _ | | | \$6,384.00 | \$6,384.00 | \$0.00 |
| Internal R | Revenue Servi | ice | | - Last 4 digits of account numbe | r | | |
| | eachtree St N | W | | When was the debt incurred? | 2015-2016 | | |
| Number | Street | | | | | _ | |
| Stop 334- | ·U | | | As of the date you file, the clair | n is: Check all that app | oly. | |
| | | | | ☐ Contingent | | | |
| Atlanta | | GA | 30308-3539 | Unliquidated | | | |
| City | | State | ZIP Code | − ☐ Disputed | | | |
| Who incur | red the debt? | Check | one. | Type of PRIORITY unsecured c | laim: | | |
| Debtor Debtor At leas Check | 1 only 2 only 1 and Debtor 2 at one of the deb if this claim is n subject to off | tors and | | □ Domestic support obligations ☑ Taxes and certain other debt □ Claims for death or personal intoxicated □ Other. Specify | s you owe the governm | ent | |
| ✓ No Yes | - | | | | | | |

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| Debtor | 1 Emmanuel Poulard | Case number (if known) | |
|----------|--|---|-----------------|
| Part | List All of Your NONPRIORIT | Y Unsecured Claims | |
| 3. D | o any creditors have nonpriority unsecured | claims against you? | |
| | - | Submit this form to the court with your other schedules. | |
| If ty | a creditor has more than one nonpriority unsec pe of claim it is. Do not list claims already incl | in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, uded in Part 1. If more than one creditor holds a particular claim, list the oth insecured claims, fill out the Continuation Page of Part 2. | er creditors in |
| | _ | | Total claim |
| 4.1 | | | \$0.00 |
| Bank | Of America | Last 4 digits of account number 6 8 1 3 | |
| | rity Creditor's Name Bankruptcy | When was the debt incurred? 12/11/2003 | |
| Number | | As of the date you file, the claim is: Check all that apply. | |
| PO Bo | ox 982238 | _ ☐ Contingent | |
| | | Unliquidated | |
| El Pas | so TX 79998 | Disputed | |
| City | State ZIP Code | - Type of NONPRIORITY unsecured claim: | |
| | ncurred the debt? Check one. | ☐ Student loans | |
| _ | ebtor 1 only | Obligations arising out of a separation agreement or divorce | |
| ш | ebtor 2 only ebtor 1 and Debtor 2 only | that you did not report as priority claims | |
| _ | least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| _ | neck if this claim is for a community debt | ✓ Other. Specify Account | |
| _ | claim subject to offset? | Account | |
| ✓ No | • | | |
| Ye | | | |
| 4.2 | 7 | | \$2,531.00 |
| Capita | al One | Last 4 digits of account number 1 6 5 6 | |
| | rity Creditor's Name | When was the debt incurred? 10/2016 | |
| Number | Bankruptcy · Street | As of the date you file, the claim is: Check all that apply. | |
| | ox 30285 | □ Contingent | |
| | | Unliquidated | |
| Salt I | ake City UT 84130 | Disputed | |
| City | State ZIP Code | - Type of NONPRIORITY unsecured claim: | |
| Who in | ncurred the debt? Check one. | Student loans | |
| ш | ebtor 1 only | Obligations arising out of a separation agreement or divorce | |
| _ | ebtor 2 only | that you did not report as priority claims | |
| | ebtor 1 and Debtor 2 only least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| _ | neck if this claim is for a community debt | ✓ Other. Specify | |
| | | Credit Card | |
| | claim subject to offset? | | |
| ✓ Ye | | | |

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| Debtor 1 Emmanuel Poulard | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.3 | | \$0.00 |
| Chase Auto Finance | Last 4 digits of account number 2 4 2 5 | |
| Nonpriority Creditor's Name | When was the debt incurred? 04/2005 | |
| National Bankruptcy Dept Number Street | As of the date you file, the claim is: Check all that apply. | |
| 201 N Central Ave MS AZ1-1191 | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Phoenix AZ 85004 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations grising out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Account | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| 4.4 | | 4 |
| | Look A divite of account number | \$585.00 |
| Comcast Cable Communications LLC Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? | |
| 1701 JFK Boulevard | <u> </u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. ☐ Contingent | |
| | Unliquidated | |
| Philadelphia PA 19103 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Account | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.5 | | \$0.00 |
| Comcast Cable Communications LLC | Last 4 digits of account number | |
| Nonpriority Creditor's Name c/o FBCS | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| 330 S Warminster Rd Ste 353 | _ ☐ Contingent ☐ Unliquidated | |
| | Disputed | |
| Hatboro PA 19040 City State ZIP Code | Tune of NONDRIORITY uncesswed eleims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |

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| Debtor 1 | Emmanuel Poulard | Case number (if known) | | | | | |
|------------------------|---|---|-------------|--|--|--|--|
| Part 2: | Your NONPRIORITY Unsecu | red Claims Continuation Page | | | | | |
| After listin | g any entries on this page, number the age. | m sequentially from the | Total claim | | | | |
| 4.6 | | | \$0.00 | | | | |
| | ceptance Corp | Last 4 digits of account number 0 9 4 3 | <u> </u> | | | | |
| | reditor's Name est 12 Mile Rd | When was the debt incurred? 06/12/2010 | | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | | | | | |
| Suite 300 | 0 | | | | | | |
| Courthfield | J MI 49024 | Disputed | | | | | |
| Southfield City | MI 48034 State ZIP Code | Type of NONPRIORITY unsecured claim: | | | | | |
| | red the debt? Check one. | Student loans | | | | | |
| ☐ Debtor ☐ Debtor | , | Obligations arising out of a separation agreement or divorce | | | | | |
| Debtor | 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ш | t one of the debtors and another | Other. Specify | | | | | |
| ш | if this claim is for a community debt | Account | | | | | |
| Is the claim ✓ No | n subject to offset? | | | | | | |
| Yes | | | | | | | |
| debt disc | harged in prior Chapter 7 case but | lien has not been marked satisfied | | | | | |
| 4.7 | | | \$1,007.00 | | | | |
| Credit On | e Bank | Last 4 digits of account number 8 0 3 5 | | | | | |
| Nonpriority C ATTN: Ba | reditor's Name | When was the debt incurred? 05/2016 | | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | | | | | |
| PO Box 9 | 8873 | □ Contingent □ Unliquidated | | | | | |
| | | — ☐ Disputed | | | | | |
| Las Vega | S NV 89193 State ZIP Code | Type of NONERIORITY ungequired eleims | | | | | |
| • | red the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| ☐ Debtor ☐ Debtor | , | Obligations arising out of a separation agreement or divorce | | | | | |
| | 1 and Debtor 2 only | that you did not report as priority claims | | | | | |
| At leas | t one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | | | | | |
| ☐ Check | if this claim is for a community debt | Credit Card | | | | | |
| | n subject to offset? | | | | | | |
| ✓ No □ Yes | | | | | | | |

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| Debtor 1 Emmanuel Poulard | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim |
| 4.8 | | \$1,080.00 |
| Cws/cw Nexus | Last 4 digits of account number 8 0 6 0 | |
| Nonpriority Creditor's Name | When was the debt incurred? 12/16/2016 | |
| 101 Crossways Park Dr W Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Woodbury NY 11797 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| 4.9 | | \$0.00 |
| ERC/Enhanced Recovery Corp | Last 4 digits of account number3511 | |
| Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? 01/2015 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| 8014 Bayberry Rd | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Jacksonville FL 32256 | ☐ ☑ Disputed | |
| City State ZIP Code Who incurred the debt? Check one | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Account | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.10 | | \$3,151.00 |
| Geico General Ins. Co | Last 4 digits of account number | |
| Nonpriority Creditor's Name 5260 Western Ave | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Chevy Chase MD 20815 | ─ ☐ Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Other. Specify Account | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| ☐ Yes | | |

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| Debtor 1 Emmanuel Poulard | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.11 | | \$0.00 |
| Geico General Ins. Co | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| C/O CCS Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 55126 | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Boston MA 02205-5126 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Account | |
| Is the claim subject to offset? | Account | |
| ✓ No ☐ Yes | | |
| 4.12 | | \$3,298.00 |
| Internal Revenue Service Nonpriority Creditor's Name | Last 4 digits of account number | |
| 401 W. Peachtree St NW | When was the debt incurred? | |
| Number Street Stop 334-D | As of the date you file, the claim is: Check all that apply. | |
| | _ | |
| Atlanta GA 30308-3539 | Disputed | |
| Atlanta GA 30308-3539 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Stale taxes | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| | | |
| 4.13 | | \$728.00 |
| Meadowbrook Dental Care Nonpriority Creditor's Name | Last 4 digits of account number | |
| 130 E Jericho Turnpike | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| Minnesia NV 44504 | Disputed | |
| Minneola NY 11501 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| ☐ Debtor 1 only ☐ Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |

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| Debtor 1 Emmanuel Poulard | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.14 | | \$0.00 |
| Meadowbrook Dental Care | Last 4 digits of account number | Ψ0.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| C/O ARM Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 3666 | _ ☐ Contingent | |
| | Unliquidated | |
| Comparille CA 02044 2000 | Disputed | |
| Camarillo CA 93011-3666 City State ZIP Code | Type of NONDRIORITY uncopured eleims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | ✓ Other. Specify | |
| Check if this claim is for a community debt | Notice Only | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| | | |
| 4.15 | | \$0.00 |
| TD Auto Financial | Last 4 digits of account number 3 8 6 9 | |
| Nonpriority Creditor's Name | When was the debt incurred? 04/2005 | |
| PO Box 9223 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Farmington Hills MI 48333 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | Other. Specify | |
| Is the claim subject to offset? | Account | |
| No No | | |
| ☐ Yes | | |
| | | |
| 4.16 | | \$1,000.00 |
| Village at Lake Park | Last 4 digits of account number | |
| Nonpriority Creditor's Name 2085 Lake Park Dr SE | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Smyrna GA 30080 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Account | |
| Is the claim subject to offset? | | |
| No No | | |
| Yes | | |

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| Debtor 1 Emmanuel Poulard | Case number (if known) | |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number ther previous page. | m sequentially from the | Total claim |
| World Omni Financial Corp Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 991817 | Last 4 digits of account number 7 7 6 9 When was the debt incurred? 05/2008 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| Mobile AL 36691 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Account | |

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| Debtor 1 | Emmanuel Poulard | Case number (if known) |
|---------------------------|--|---|
| Part 3: | List Others to Be Notified Ab | out a Debt That You Already Listed |
| For ex credit debts | cample, if a collection agency is trying to or in Parts 1 or 2, then list the collection | otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. to collect from you for a debt you owe to someone else, list the original agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for omit this page. |
| Credit Ac | ceptance Corp | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name c/o Aldrid | ge Pite LLP | Line 4.6 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims |
| Number | Street edmont Center Ste 500 | Part 2: Creditors with Nonpriority Unsecured Claims |
| 3575 Pied | lmont Rd NE | — Last 4 digits of account number |
| Atlanta | GA 30305 | |
| City | State 7IP Code | |

| Debtor 1 | Emmanuel Poulard | Case number (if known) |
|----------|--|------------------------|
| Part 4: | Add the Amounts for Each Type of Unsecured Claim | |
| _ | _ | |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|-----|---|-------------------------|--------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$6,842.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | ^{6d.} - | \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$6,842.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | ^{6i.} ◀ | \$13,380.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$13,380.00 |

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| Fill in this inf | ormation to i | dentify your case | : | |
|------------------------------|-------------------|--------------------------|------------------|-----|
| Debtor 1 | Emmanuel | Middle Nove | Poulard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| (Spouse, ii iiiiig) | i iist ivaille | Middle Name | Lastivame | |
| United States Bar | nkruptcy Court fo | r the: NORTHERN D | ISTRICT OF GEORG | SIA |
| Case number | | | | |
| (if known) | | | | |
| Official Form | 106G | | | |

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in t | his information to ide | entify your case | : | | | |
|--|---|---|---|---|---|----------|
| Debtor 1 | Emmanuel | | Poulard | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for | the: NORTHERN D | ISTRICT OF GEORG | BIA | | |
| Case nun | | | | | <u>_</u> | |
| (if known) | | | | | Check if this is an amended filing | |
| Official | Form 106H | | | | | |
| | ule H: Your Code | htore | | | | 12/1 |
| Scriedo | ne n. rour code | Diors | | | | 12/13 |
| 2. Within including years of the content of the con | e Arizona, California, Idaho No. Go to line 3. 'es. Did your spouse, form No Yes lumn 1, list all of your coons shown in line 2 again a | bu lived in a commu b, Louisiana, Nevada her spouse, or legal e debtors. Do not incl s a codebtor only if al Form 106D), Sche | , New Mexico, Puerto R quivalent live with you a dude your spouse as a that person is a guara dule E/F (Official Forr | erritory? (Comico, Texas, Was the time? | nmunity property states and territories | ne |
| Со | olumn 1: Your codebtor | | | Column | 2: The creditor to whom you owe | the debt |
| | | | | Check a | all schedules that apply: | |
| 3.1 M a | arjorie Poulard | | | | | |
| Nai | me | | | — ☑ Sc | hedule D, line 2.2 | |
| | 251 Swift Current Dr mber Street | | | — ☐ Sc | hedule E/F, line | |
| | | | | | hedule G, line | |
| De City | ecatur | GA State | 30035 ZIP Code | The Ta | llbot State Bank | |
| 3.2 S p | oouse Name Not Enter | ed | | | hadula D. Kaa | |
| Nai | | | | | hedule D, line 2.2 | |
| Nui | mber Street | | | | hedule E/F, line | |
| _ | | | | | hedule G, line Ilbot State Bank | |
| City | M. | State | ZIP Code | — ine ia | IIDUL SLALE DAIIK | |

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| | ill in this inform | nation to iden | tify your case: | | | | l | |
|--------------------------|--|---|--|--|----------------|-------------------------------|----------------|---|
| ۲ | | | itily your case. | Devland | | | | |
| | Debtor 1 | Emmanuel First Name | Middle Name | Poulard Last Name | | | Che | ck if this is: |
| | Debtor 2 | | | | | | | An amended filing |
| | (Spouse, if filing) | First Name | Middle Name | Last Name | | | | A supplement showing postpetition |
| | United States Bankr | uptcy Court for the | ne: NORTHERN | DISTRICT OF G | EOR | GIA | ╽┖ | chapter 13 income as of the following date: |
| | Case number (if known) | | | | = | | | MM / DD / YYYY |
| O. | fficial Form 10 |)6I | | | | | | , 55, |
| S | chedule I: Yo | ur Income | | | | | | 12/15 |
| res ind abo you | sponsible for supply lude information al out your spouse. If ur name and case n | ying correct info bout your spous more space is | ormation. If you are e. If you are separ needed, attach a se n). Answer every o | e married and not rated and your spo eparate sheet to th | filing ouse | jointly, and is not filing | your with y | Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1. | Fill in your emplo information. | yment | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | If you have more t | _ | ployment status | ✓ Employed | | | | ✓ Employed |
| | with information at | oout | | ☐ Not employe | ed | | | ☐ Not employed |
| | additional employe | ers. Oc | cupation | HVAC Tech (1 | 099 | employee) | | Hair braiding |
| | Include part-time, or self-employed v | | ployer's name | Hawks Constr | ucti | on | | _ |
| | Occupation may in student or homem | | ployer's address | | | | | _ |
| | applies. | akei, ii ii | | Number Street Lithonia GA | | | | Number Street |
| | | | | | | | | |
| | | | | 21: | | | | - |
| | | | | City | | State Zip C | ode | City State Zip Code |
| | | Но | w long employed t | here? <u>6 years</u> | 1 | | | 15 years |
| E | Part 2: Give D | etails About | Monthly Incom | е | | | | |
| | timate monthly inco | | - | n. If you have noth | ing to | o report for ar | ny line | , write \$0 in the space. Include your |
| - | ou or your non-filing u need more space, a | • | | er, combine the info | orma | tion for all em | ploye | rs for that person on the lines below. If |
| | | | | | | For Debtor | 1 | For Debtor 2 or non-filing spouse |
| 2. | | | r, and commission onthly, calculate what | | 2. | \$3,40 | 0.00 | \$0.00 |
| 3. | Estimate and list | monthly overtin | ne pay. | | 3. | +\$ | 0.00 | \$0.00 |
| 4. | Calculate gross in | ncome. Add line | e 2 + line 3. | | 4. | \$3,40 | 0.00 | \$0.00 |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1 | Emmanuel Poulard | | Case nur | nber | (if known | ı) | | |
|-----|--------|--|----------------|------------------------|-------|--------------|---------|-----|------------------------|
| | | | | For Debtor 1 | | or Debtor | |) | |
| | Сор | y line 4 here | 4. | \$3,400.00 | _ | \$ | 0.00 | _ | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | \$ | 0.00 | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | \$ | 0.00 | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$0.00 | | \$ | 0.00 | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | \$ | 0.00 | | |
| | 5e. | Insurance | 5e. | \$0.00 | | | 0.00 | | |
| | 5f. | Domestic support obligations | 5f. | \$0.00 | | | 0.00 | | |
| | 5g. | Union dues | 5g. | \$0.00 | | \$ | 0.00 | | |
| | 5h. | Other deductions. Specify: | _ 5h. - | \$0.00 | | \$ | 0.00 | | |
| 6. | | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h. | 6. | \$0.00 | | \$ | 0.00 | | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$3,400.00 | | \$ | 0.00 | | |
| 8. | | all other income regularly received: | 0 - | 40.00 | | A4 50 | | | |
| | 8а. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | \$1,50 | 0.00 | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | \$ | 0.00 | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | \$ | 0.00 | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | \$ | 0.00 | | |
| | 8e. | Social Security | 8e. | \$0.00 | • | \$ | 0.00 | | |
| | 8f. | Other government assistance that you regularly receive | | | | | | | |
| | | Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | | Specify: | 8f. | \$0.00 | | \$ | 0.00 | | |
| | 8g. | Pension or retirement income | - 8g. | \$0.00 | • | | 0.00 | | |
| | 8h. | Other monthly income. | Ū | *** | • | · | | | |
| | | Specify: | 8h | \$0.00 | | \$ | 0.00 | | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$0.00 | | \$1,50 | 0.00 | | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$3,400.00 | +[| \$1,50 | 0.00 |]=[| \$4,900.00 |
| 11. | | e all other regular contributions to the expenses that you list in S | chedu | ıle J. | | | | | |
| | Inclu | ude contributions from an unmarried partner, members of your househids or relatives. | | | r roc | ommates, | and ot | ner | |
| | Do r | not include any amounts already included in lines 2-10 or amounts that | | not available to pay e | expe | nses liste | d in Sc | hed | |
| | • | cify: | | | | | 11. | + | \$0.00 |
| 12. | inco | the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities applies. | | | | | 12. | | \$4,900.00 Combined |
| 13. | | applies. you expect an increase or decrease within the year after you file t | his fo | rm? | | | | | nonthly income |
| | ₩ ₩ | No. None. | | | | | | | |
| | | Yes. Explain: | | | | | | | |
| | | | | | | | | | |

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| Debtor 1 | Emmanuel Poulard | | Case number (if known) | | | |
|------------|-----------------------------------|--------------|------------------------|------------|--|--|
| 8a. Attach | ned Statement (Non-Filing Spouse) | | | | | |
| | | Hair Braider | | | | |
| Gross Mo | onthly Income: | | | \$1,500.00 | | |
| Expense | | Category | Amount | | | |
| Total Mo | nthly Expenses | | | \$0.00 | | |
| Net Mont | thly Income: | | | \$1,500.00 | | |

Official Form 106l Schedule I: Your Income page 3

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| Ē | ill in this inform | nation to identif | y your case: | | 01 | 1 | | |
|--|---|---|--|--------------------|----|------------|---|----------------------------------|
| | Dobtor 1 | Emmanual | Pou | lord | | ck if this | | |
| | Debtor 1 | Emmanuel First Name | Middle Name Last N | | | A supp | ended filing lement showing r 13 expenses a | |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name Last N | Name | | followin | | s or the |
| | United States Bankr | uptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | | MM / D | D / YYYY | |
| | Case number (if known) | | | | | | | |
| Of | fficial Form 10 | 6J | | | | | | |
| So | chedule J: Yo | ur Expenses | 5 | | | | | 12/15 |
| cor nar | rect information. If me and case number | f more space is nee | | | | | | |
| 1. | Is this a joint case | e? | | | | | | |
| 2. | No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household Do you have dependents? No Yes. Fill out this information for each dependent Dependent's relation Debtor 1 and | | | | | | 2. Dependent's age | Does dependent live with you? |
| | Debtor 2. | i unu | for each dependent | Debior 1 or Debior | | | age | No No |
| | Do not state the de names. | ependents' | | | | | | - |
| 3. | Do your expenses expenses of peop yourself and your | ole other than | ✓ No ☐ Yes | | | | | - □ Yes |
| P | art 2: Estima | ate Your Ongoir | ng Monthly Expenses | | | | | |
| Est to i | timate your expens | es as of your bank of a date after the | ruptcy filing date unless you bankruptcy is filed. If this is | _ | | - | - | |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) | | | | Your expenses | | | | |
| 4. | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | | | | 4 | 4 | \$1,322.00 | |
| | If not included in | line 4: | | | | | | |
| | 4a. Real estate ta | axes | | | | 4 | 4a | |
| | 4b. Property, hom | neowner's, or renter's | s insurance | | | 4 | 4b | |
| | 4c. Home mainte | nance, repair, and u | pkeep expenses | | | 4 | 4c | \$95.00 |
| | 4d. Homeowner's | association or cond | dominium dues | | | 4 | 4d | |

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| Deb | otor 1 Emmanuel Poulard | Case number (if known) | |
|-----|---|------------------------|----------|
| | | Your expenses | S |
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$350.00 |
| | 6b. Water, sewer, garbage collection | 6b | \$100.00 |
| | Telephone, cell phone, Internet, satellite, and cable services | 6c | \$150.00 |
| | 6d. Other. Specify: Cell Phone | 6d | \$100.00 |
| 7. | Food and housekeeping supplies | 7. | \$633.00 |
| 8. | Childcare and children's education costs | 8. | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$150.00 |
| 10. | Personal care products and services | 10. | \$75.00 |
| 11. | Medical and dental expenses | 11. | \$50.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$300.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | |
| 14. | Charitable contributions and religious donations | 14. | |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | |
| | 15b. Health insurance | 15b. | |
| | 15c. Vehicle insurance | 15c. | \$350.00 |
| | 15d. Other insurance. Specify: | 15d. | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a | |
| | 17b. Car payments for Vehicle 2 | 17b | |
| | 17c. Other. Specify: | 17c | |
| | 17d. Other. Specify: | | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. | Other payments you make to support others who do not live with you. Specify: | 19. | |

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| Deb | tor 1 | Emmanuel Poulard | Case number (if known) |) |
|-----|----------|---|------------------------|------------|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a. | |
| | 20b. | Real estate taxes | 20b. | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | |
| | 20e. | Homeowner's association or condominium dues | 20e. | |
| 21. | Other | r. Specify: Grooming | 21. + | \$90.00 |
| 22. | Calcu | ulate your monthly expenses. | _ | |
| | 22a. | Add lines 4 through 21. | 22a. | \$3,765.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | . 22b. | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$3,765.00 |
| 23. | Calcu | ulate your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$4,900.00 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. – | \$3,765.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$1,135.00 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after yo | u file this form? | |
| | | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortg | . , | |
| | V | No. | | |
| | □ ` | Yes. Explain here: None. | | |
| | | | | |
| | | | | |

| | Fill in this inf | ormation to id | dentify your case | | | |
|----------|--------------------------------------|----------------------|--|--|--|------------------------------------|
| | Debtor 1 | Emmanuel | , , | Poulard | | |
| | | First Name | Middle Name | Last Name | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | |
| ۱ ا | Jnited States Bar | nkruptcy Court for | the: NORTHERN D | ISTRICT OF GEORGIA | | |
| 1 . | Case number | | | | ☐ Check if | this is an |
| (i | f known) | | | | amende | |
| 0 | fficial Form | 106Sum | | | | |
| S | ummary of | Your Asse | ts and Liabilit | ies and Certain Stat | istical Information | 12/15 |
| co sc | rrect informatio hedules after yo | on. Fill out all of | your schedules first; nal forms, you must f | then complete the information | ooth are equally responsible fon on this form. If you are filing neck the box at the top of this p | g amended |
| | | | | | | Your assets |
| | | | | | | Value of what you own |
| 1. | | : Property (Officia | , | (D | | \$165,800.00 |
| | 1a. Copy line | e 55, Total real es | tate, from Schedule A/ | 'B | | |
| | 1b. Copy line | e 62, Total person | al property, from Sche | dule A/B | | \$11,225.00 |
| | 1c. Copy line | e 63, Total of all p | roperty on Schedule A | /B | | \$177,025.00 |
| G | Part 2: Sur | mmarize You | · Liabilities | | | |
| | | | | | | Your liabilities Amount you owe |
| 2. | | | | Property (Official Form 106D) claim, at the bottom of the last | page of Part 1 of Schedule D | \$146,465.00 |
| 3. | | | | s (Official Form 106E/F) ured claims) from line 6e of Scho | edule E/F | \$6,842.00 |
| | 3b. Copy the | total claims from | Part 2 (nonpriority uns | secured claims) from line 6j of S | chedule E/F | \$13,380.00 |
| | | | | | Your total liabilities | \$166,687.00 |
| j | Part 3: Sui | mmarize Youi | · Income and Exp | enses | | |
| 4. | | our Income (Officing | | Schedule I | | \$4,900.00 |
| 5. | Schedule J: Y | our Expenses (O | fficial Form 106J) | | | \$2.76E.00 |

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| Debtor 1 | | Emmanuel Poulard Case number (if known) | | | | |
|----------|--------|---|---|--|--|--|
| P | art 4: | Answer These Questions for Administrative and Statistical I | Records | | | |
| 6. | Are yo | you filing for bankruptcy under Chapters 7, 11, or 13? | | | | |
| | | No. You have nothing to report on this part of the form. Check this box and submit Yes | this form to the court with your other schedules. | | | |
| 7. | What | t kind of debt do you have? | | | | |
| | Ľ | Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical | | | | |
| | | Your debts are not primarily consumer debts. You have nothing to report on this this form to the court with your other schedules. | part of the form. Check this box and submit | | | |
| 8. | | n the Statement of Your Current Monthly Income: Copy your total current monthly ial Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | y income from \$4,900.00 | | | |
| 9. | Сору | y the following special categories of claims from Part 4, line 6 of Schedule E/F. | | | | |
| | | | Total claim | | | |
| | From | n Part 4 on Schedule E/F, copy the following: | | | | |

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9a. Domestic support obligations. (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

Official Form 106Sum

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$6,842.00

\$6,842.00

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| Fill in this inf | ormation to ic | lentify your case | : | |
|--|------------------------|-----------------------|--|---|
| Debtor 1 | Emmanuel First Name | Middle Name | Poulard Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for | the: NORTHERN D | ISTRICT OF GEORGIA | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Form | 106Dec | | | • |
| | | ndividual Debt | or's Schedules | 12/15 |
| If two married peo | pple are filing tog | ether, both are equal | lly responsible for supplying o | correct information. |
| concealing proper \$250,000, or impri | rty, or obtaining i | money or property by | | les. Making a false statement, ankruptcy case can result in fines up to and 3571. |
| Did you pay o | or agree to pay se | omeone who is NOT | an attorney to help you fill out | t bankruptcy forms? |
| √ No | 0 , , | | , ,, | |
| | ame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| true and corr | | | the summary and schedules to the schedules t | filed with this declaration and that they are |

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| | First Name | Middle Name | Poulard Last Name | | |
|------------------------------|--|---------------------------|-----------------------------------|--|-----|
| (Spot | or 2 | | Last Name | | |
| (Spot | | | | | |
| | use, if filing) First Name | | | | |
| Unite | | Middle Name | Last Name | | |
| | d States Bankruptcy Court fo | or the: NORTHERN D | ISTRICT OF GEORGIA | | |
| Case | number | | | Charle if this is an | |
| (if kno | own) | | | ☐ Check if this is an amended filing | |
| Offic | ial Form 107 | | | | |
| | • | Affaira far Ind | ividuals Filing for Ba | mlem uniter c | 04/ |
| Jian | | Allalis for fila | ividuals i lillig for Ba | пкі артоу | U+1 |
| Part | Give Details Abo | out Your Marital S | Status and Where You Live | ed Before | |
| 1. W | hat is your current marital | status? | | | |
| V | Married | | | | |
| | Not married | | | | |
| | uring the last 3 years, have | you lived anywhere o | other than where you live now? | | |
| 2. Du | | • | • | | |
| | 7 No | | | | |
| 2. Dı ☑ | | you lived in the last 3 y | ears. Do not include where you li | ive now. | |
| | Yes. List all of the places | | | | |
| ☑ □ 3. w | Yes. List all of the places | ou ever live with a spo | ouse or legal equivalent in a cor | ive now. mmunity property state or territory? a, Nevada, New Mexico, Puerto Rico, Texas, | |
| ☑ | Yes. List all of the places Within the last 8 years, did you Community property states and ashington, and Wisconsin.) | ou ever live with a spo | ouse or legal equivalent in a cor | mmunity property state or territory? | |

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| Deb | otor 1 | Emmanuel Poulard | | Case nur | mber (if known) | |
|--------------------------------|--|---|--|--|--|--|
| Part 2: Explain the Sources of | | | our Income | | | |
| 4. | Fill in the If you a | u have any income from employne total amount of income you recerte filing a joint case and you have s. Fill in the details. | ived from all jobs and all bus | inesses, including par | t-time activities. | endar years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | | ry 1 of the current year until u filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$44,200.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | |
| | | calendar year: December 31, | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$44,200.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | |
| | | endar year before that: December 31, 2016) | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$43,200.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | |
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | |
| | ☑ No | ch source and the gross income from. | om each source separately. [| Oo not include income | that you listed in line 4. | |

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| Deb | otor 1 | Emmanuel Poulard Case number (if known) |
|-----|------------------------------------|--|
| Р | art 3: | List Certain Payments You Made Before You Filed for Bankruptcy |
| 6. | Are eith | er Debtor 1's or Debtor 2's debts primarily consumer debts? |
| | □ No. | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
| | | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |
| | | ☐ No. Go to line 7. |
| | | Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
| | | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
| | ✓ Yes. | Debtor 1 or Debtor 2 or both have primarily consumer debts. |
| | | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |
| | | ✓ No. Go to line 7. |
| | | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
| 7. | Insiders corporati agent, in | year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ons of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony. |
| | ✓ No ☐ Yes. | List all payments to an insider. |
| 8. | | year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider? |
| | Include p | payments on debts guaranteed or cosigned by an insider. |
| | ✓ No ☐ Yes. | List all payments that benefited an insider. |

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| Deb | tor 1 | Emmanuel Poulard | Case number (if known) |
|-----|----------------------|---|--|
| Pa | art 4: | Identify Legal Actions, Repossessions, and Foreclosur | es |
| 9. | List all s | I year before you filed for bankruptcy, were you a party in any lawsuit such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes. | · |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 10. | seized, | l year before you filed for bankruptcy, was any of your property repos or levied? Ill that apply and fill in the details below. | sessed, foreclosed, garnished, attached, |
| | <u> </u> | Go to line 11. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a k s from your accounts or refuse to make a payment because you owed | The state of the s |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 12. | | year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official? | possession of an assignee for the benefit of |
| | ✓ No ☐ Yes | | |
| Pa | art 5: | List Certain Gifts and Contributions | |
| 13. | Within 2 | 2 years before you filed for bankruptcy, did you give any gifts with a to | otal value of more than \$600 per person? |
| | ✓ No ☐ Yes | . Fill in the details for each gift. | |
| 14. | Within 2 to any o | 2 years before you filed for bankruptcy, did you give any gifts or contrebarity? | ibutions with a total value of more than \$600 |
| | ✓ No ☐ Yes | . Fill in the details for each gift or contribution. | |
| P | art 6: | List Certain Losses | |
| 15. | | year before you filed for bankruptcy or since you filed for bankruptc saster, or gambling? | y, did you lose anything because of theft, fire, |
| | ✓ No ☐ Yes | . Fill in the details. | |

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| Debtor 1 | | Emmanuel Poulard | Case | Case number (if known) | | |
|----------|---------------|--|---|------------------------|---|-------------------|
| Ρ | art 7: | List Certain Payments or | Transfers | | | |
| 16. | | - | ptcy, did you or anyone else acting on your nkruptcy or preparing a bankruptcy petition? | | r transfer any pro | perty to |
| | Include | any attorneys, bankruptcy petition p | reparers, or credit counseling agencies for ser | rvices require | d for your bankrupte | cy. |
| | □ No ✓ Yes | s. Fill in the details. | | | | |
| | en Cred | it & Debt Counseling Vas Paid | Description and value of any property tran \$25 | nsferred | Date payment or transfer was made | Amount of payment |
| Num | nber Str | eet | - | | 3/29/18 | \$25.00 |
| | | | - | | | |
| City | | State ZIP Code | • | | | |
| Ema | il or websi | te address | - | | | |
| Pers | on Who N | Made the Payment, if Not You | - | | | |
| | Within | 1 year before you filed for bankru | ptcy, did you or anyone else acting on your vith your creditors or to make payments to y you listed on line 16. | | | perty to |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| 18. | | • | uptcy, did you sell, trade, or otherwise trans se of your business or financial affairs? | sfer any prop | erty to anyone, ot | ner than |
| | | <u> </u> | s made as security (such as granting of a secur have already listed on this statement. | rity interest or | mortgage on your | property). |
| | ☑ No | s. Fill in the details. | | | | |
| 19. | | 10 years before you filed for bank a beneficiary? (These are often | ruptcy, did you transfer any property to a se called asset-protection devices.) | elf-settled tru | st or similar devic | e of which |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |

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| Deb | otor 1 | Emmanuel Poulard | Case number (if known) |
|-----|-----------------|---|---|
| Ρ | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | osit Boxes, and Storage Units |
| 20. | | l year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred? | nstruments held in your name, or for your |
| | Include | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | of deposit; shares in banks, credit unions, brokerage |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 21. | - | now have, or did you have within 1 year before you filed for bankruptc ırities, cash, or other valuables? | y, any safe deposit box or other depository |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 22. | | ou stored property in a storage unit or place other than your home with | in 1 year before you filed for bankruptcy? |
| | ✓ No ☐ Yes | . Fill in the details. | |
| P | art 9: | Identify Property You Hold or Control for Someone Else | |
| 23. | - | hold or control any property that someone else owns? Include any prin trust for someone. | operty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | . Fill in the details. | |
| Ρ | art 10: | Give Details About Environmental Information | |
| For | the purp | ose of Part 10, the following definitions apply: | |
| I | hazardoι | nental law means any federal, state, or local statute or regulation conc is or toxic substance, wastes, or material into the air, land, soil, surfac a statutes or regulations controlling the cleanup of these substances, w | e water, groundwater, or other medium, |
| | | ns any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites. | al law, whether you now own, operate, or |
| | | us material means anything an environmental law defines as a hazardo e, hazardous material, pollutant, contaminant, or similar item. | us waste, hazardous substance, toxic |
| Rep | ort all no | otices, releases, and proceedings that you know about, regardless of w | then they occurred. |
| 24. | Has any law? | governmental unit notified you that you may be liable or potentially lia | able under or in violation of an environmental |
| | ☑ No □ Yes | . Fill in the details. | |

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| Deb | tor 1 | Emmanuel Poulard | Case number (if known) |
|-------------------------|--------------------------------|--|--|
| 25. | Have y | ou notified any governmental unit of any re | elease of hazardous material? |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 26 | | | rative proceeding under any environmental law? Include settlements and |
| 20. | orders. | | ative proceeding under any environmental law? Include settlements and |
| | ⋈ No | | |
| | Yes | s. Fill in the details. | |
| Pa | art 11: | Give Details About Your Busines | ss or Connections to Any Business |
| 27. | Within busine | | d you own a business or have any of the following connections to any |
| | | | e, profession, or other activity, either full-time or part-time |
| | | A member of a limited liability company (LL | C) or limited liability partnership (LLP) |
| | F | A partner in a partnership An officer, director, or managing executive | of a corporation |
| | | An owner of at least 5% of the voting or equ | |
| | لــــــا | None of the above applies. Go to Part 12. | |
| | _ | s. Check all that apply above and fill in the de | |
| 28. | | 2 years before you filed for bankruptcy, die ncial institutions, creditors, or other partie | d you give a financial statement to anyone about your business? Include s. |
| | □ No | s. Fill in the details below. | |
| | | • | |
| Pa | art 12: | Sign Below | |
| that proportion | answer perty by ooth. 18 | s are true and correct. I understand that m fraud in connection with a bankruptcy cas U.S.C. §§ 152, 1341, 1519, and 3571. | I Affairs and any attachments, and I declare under penalty of perjury naking a false statement, concealing property, or obtaining money or se can result in fines up to \$250,000, or imprisonment for up to 20 years, |
| _ | | nanuel Poulard el Poulard, Debtor 1 | Signature of Debtor 2 |
| _ | Date | 03/29/2018 | Date |
| ٠ | | 03/23/2010 | |
| Did | you atta | ach additional pages to Your Statement of I | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| | | | |
| Ц | Yes | | |
| Did | you pay | or agree to pay someone who is not an at | torney to help you fill out bankruptcy forms? |
| $\overline{\mathbf{V}}$ | | | |
| | Yes. Na | ame of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | | |

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B2030 (Form 2030) (12/15)

In re Emmanuel Poulard

Change of Address

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

Case No.

| | | Chapter | 13 |
|----|--|-------------|---------------------------------|
| | DISCLOSURE OF COMPENSATION OF ATTORNI | EY FOR | DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the att that compensation paid to me within one year before the filing of the petition in bank services rendered or to be rendered on behalf of the debtor(s) in contemplation of o is as follows: | ruptcy, or | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | \$ | 5,000.00 |
| | Prior to the filing of this statement I have received | | \$0.00 |
| | Balance Due | \$ | 5,000.00 |
| 2. | The source of the compensation paid to me was: | | |
| | ☑ Debtor ☐ Other (specify) | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ☑ Debtor ☐ Other (specify) | | |
| 4. | ✓ I have not agreed to share the above-disclosed compensation with any other perassociates of my law firm. | erson unle | ss they are members and |
| | ☐ I have agreed to share the above-disclosed compensation with another person associates of my law firm. A copy of the agreement, together with a list of the nacompensation, is attached. | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all as | pects of th | e bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in a bankruptcy; | determinin | g whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, statements of affairs and plan w | hich may l | pe required; |
| | c. Representation of the debtor at the meeting of creditors and confirmation hearing | յ, and any | adjourned hearings thereof; |
| | d. [Other provisions as needed] | | |
| | Stop creditor actions against client Pre confirmation Motion to Extend or Impose Stay Response to Pre-Confirmation Motion for Relief from Stay Employer Deduction Order Lien Avoidances necessary to confirm Plan Modification necessary to confirm Plan Objections to claims necessary to confirm Plan Objections to late-filed claims Bar Date review of claims, filing of certification and resulting pleadings | | |

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Motion to Retain (\$450)

Amend or Modify schedules (\$300)

Plan Modification (\$300)

Lien Avoidance (\$300)

Objection to Claim (\$350)

Resolving Motion for Relief from Stay (\$450)

Motion to Suspend of Excuse Plan Payments (\$350)

Motion to Sell Property (\$500)

Motion to Compromise Claim (\$500)

Application to Employ Professional (\$400)

Motion to Refinance Property or Motion to Incur (\$500)

Resolving Motions to Dismiss (\$350)

Resolving Creditor or Trustee Motions to Modify Plan (\$150)

Motion to Sever or Dismiss as to one joint Debtor (\$300)

Motion to Reopen or to Vacate Dismissal Order (\$500)

Motion to Reimpose Stay (\$500)

Adversary Proceeding (\$375/hour)

Miscellaneous Action (\$400)

- 7. If this is a Chapter 13 proceeding, I certify that I have provided the debtor with the statement entitled "Rights and Responsibilities".
- 8. In addition to the overall fee structure, in the event that the case is dismissed or converted to a chapter 7 proceeding the chapter 13 trustee shall deliver to Debtor's Counsel the unpaid amount of the agreed upon fees up to:
- (i) \$2,500.00 upon a pre-confirmation conversion or dismissal;
- (ii) the allowed fees upon a post-confirmation conversion or dismissal

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the Debtor a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys".

| 03/29/2018 | /s/ Matthew T. Berry | |
|------------|--------------------------------|----------------|
| Date | Matthew T. Berry | Bar No. 055663 |
| | Berry & Associates | |
| | 2751 Buford Hwy | |
| | Suite 400 | |
| | Atlanta, GA 30324 | |
| | Phone: (404) 235-3300 / Fax: (| (404) 235-3333 |

| /s/ | Emmanuel | Poulard | ı |
|-----|----------|---------|---|
| | | | |

Emmanuel Poulard

Bank Of America Attn: Bankruptcy PO Box 982238 El Paso, TX 79998

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave MS AZ1-1191 Phoenix, AZ 85004

Comcast Cable Communications LLC 1701 JFK Boulevard Philadelphia, PA 19103

Comcast Cable Communications LLC c/o FBCS
330 S Warminster Rd Ste 353
Hatboro PA 19040

Credit Acceptance Corp 25505 West 12 Mile Rd Suite 3000 Southfield, MI 48034

Credit Acceptance Corp c/o Aldridge Pite LLP Fifteen Piedmont Center Ste 500 3575 Piedmont Rd NE Atlanta GA 30305

Credit One Bank ATTN: Bankruptcy PO Box 98873 Las Vegas, NV 89193 Cws/cw Nexus 101 Crossways Park Dr W Woodbury, NY 11797

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Rd Jacksonville, FL 32256

Geico General Ins. Co 5260 Western Ave Chevy Chase MD 20815

Geico General Ins. Co c/o CCS PO Box 55126 Boston MA 02205-5126

Georgia Department of Revenue Bankruptcy Unit 1800 Century Blvd, NE, Ste 9100 Atlanta, GA 30345

Internal Revenue Service 401 W. Peachtree St NW Stop 334-D Atlanta, GA 30308-3539

Marjorie Poulard 2251 Swift Current Dr Decatur GA 30035

Meadowbrook Dental Care 130 E Jericho Turnpike Minneola NY 11501

Meadowbrook Dental Care c/o ARM PO Box 3666 Camarillo CA 93011-3666 TD Auto Financial PO Box 9223 Farmington Hills, MI 48333

The Talbot State Bank 76 E Main St Woodland, GA 31836

Village at Lake Park 2085 Lake Park Dr SE Smyrna GA 30080

World Omni Financial Corp Attn: Bankruptcy PO Box 991817 Mobile, AL 36691

| F | ill in this inf | ormation to iden | tify your case: | | | Check as | directed in lines 1 | 7 and 21: |
|------|--|--|--|---|--|---|--|----------------------------------|
| D | ebtor 1 | Emmanuel First Name | Middle Name | Poulard Last Name | | According to Statement: | the calculations require | ed by this |
| | ebtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | | ble income is not deter | mined |
| | | nkruptcy Court for the | | | RGIA | 2. Disposa | ble income is determin U.S.C. § 1325(b)(3). | ed |
| | | , , | | | | The com | mitment period is 3 ye | |
| | ase number known) | | | | | | imitment period is 5 ye | |
| Of | ficial Form | 122C-1 | | | | Check if th | nis is an amended filinç | |
| | | Statement of \ | | | ome | | | 12/15 |
| info | curate. If more principle or mation applies | space is needed, att es. On the top of any Iculate Your Avel | ach a separate shee additional pages, v | et to this form. In write your name a | clude the | line number to w | | |
| 1. | What is your | marital and filing sta | tus? Check one only | <i>1</i> . | | | | |
| | ☐ Not mari | ried. Fill out Column A | A, lines 2-11. | | | | | |
| | | Fill out both Columns | s A and B, lines 2-11. | | | | | |
| | bankruptcy c August 31. If in the result. | ase. 11 U.S.C. § 101 the amount of your me | (10A). For example, onthly income varied come amount more the | if you are filing o during the 6 montain an once. For exa | n Septembe ths, add the mple, if bot | er 15, the 6-mont income for all 6 th spouses own the | nonths before you file h period would be Mare months and divide the ne same rental property space. | ch 1 through total by 6. Fill |
| | | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | • | vages, salary, tips, bo | onuses, overtime, a | nd commissions | | \$3,400.00 | \$0.00 | |
| 3. | Alimony and | maintenance payme | nts. Do not include p | payments from a s | spouse. | \$0.00 | \$0.00 | |
| 4. | expenses of y regular contrib your depende | from any source whi you or your depende outions from an unmar nts, parents, and roon ot include payments y | nts, including child ried partner, member nmates. Do not inclu | support. Include s of your househo | old, | \$0.00 | \$0.00 | |
| 5. | Net income fi | rom operating a busi | ness, profession, o | farm | | | | |
| | | | Debtor 1 | Debtor 2 | | | | |
| | Gross receipts deductions) | s (before all | \$0.00 | \$1,500.00 | | | | |
| | Ordinary and expenses | necessary operating | \$0.00 | \$0.00 | Сору | | | |
| | Net monthly in profession, or | ncome from a busines farm | \$0.00 | \$1,500.00 | here → | \$0.00 | \$1,500.00 | |

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| Deb | tor 1 | Emmanuel Poulard | | | | Case number (if kı | nown) | |
|-----|--|---|-------------------------|--------------------|---------|--------------------|---|--|
| | | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 6. | Net | income from rental and other r | eal property | | | | | |
| | | | Debtor 1 | Debtor 2 | | | | |
| | | ss receipts (before all uctions) | \$0.00 | \$0.00 | | | | |
| | | nary and necessary operating - | \$0.00 | \$0.00 | Сору | | | |
| | | monthly income from rental or r real property | \$0.00 | \$0.00 | here → | \$0.00 | \$0.00 | |
| 7. | Inte | rest, dividends, and royalties | | | | \$0.00 | \$0.00 | |
| 8. | Une | mployment compensation | | | | \$0.00 | \$0.00 | |
| | | not enter the amount if you conte efit under the Social Security Act | | | | | | |
| | F | or you | | \$0.0 | 00_ | | | |
| | F | or your spouse | | \$0.0 | 00_ | | | |
| 9. | | sion or retirement income. Do a benefit under the Social Secu | • | ount received that | | \$0.00 | \$0.00 | |
| 11. | Total Cald | arate page and put the total below arate page and put the total below all amounts from separate pages, culate your total average monti- lines 2 through 10 for each column add the total for Column A to the | if any. nly income. mn. | | | \$3,400.00 | + +\$1,500.00 | =\$4,900.00 Total average monthly income |
| Pa | art 2 | Determine How to M | easure Your De | eductions fron | n Incom | е | | |
| 12. | Сор | y your total average monthly in | ncome from line 11 | l | | | | \$4,900.00 |
| 13. | Calc | culate the marital adjustment. | Check one: | | | | | |
| | You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | | | | | | | |
| 14. | You | Totalr current monthly income. Sul | | | | \$0.00 Copy | / here 🗦 | - \$0.00 |

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| Deb | otor 1 | E | mmanuel Poulard | | Case number (if known) | | |
|-----|--|--------|--|-------------------------------|---------------------------------------|--------|----------|
| 15. | Calc | ulate | your current monthly income for the year. | Follow these steps: | | | |
| | 15a. | Cop | by line 14 here 😝 | | | \$4 | 1,900.00 |
| | | Mul | tiply line 15a by 12 (the number of months in a | year). | | X | 12 |
| | 15b. | The | e result is your current monthly income for the y | ear for this part of the form | 1 | \$58 | 3,800.00 |
| 16. | Calc | ulate | the median family income that applies to yo | u. Follow these steps: | | | _ |
| | 16a. | Fill | in the state in which you live. | Georgia | | | |
| | 16b. | Fill | in the number of people in your household. | 2 | <u></u> | | |
| | 16c. | To | in the median family income for your state and find a list of applicable median income amount ructions for this form. This list may also be available. | s, go online using the link s | specified in the separate | \$58 | 3,363.00 |
| 17. | How | do th | ne lines compare? | | | | |
| | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official | | | | | | |
| | 17b. | V | Line 15b is more than line 16c. On the top of 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill On line 39 of that form, copy your current more | out Calculation of Your I | Disposable Income (Official Form 122C | | • |
| Р | art 3: | | Calculate Your Commitment Period | Under 11 U.S.C. § 13 | 325(b)(4) | | |
| 18. | Copy | / you | r total average monthly income from line 11. | | | \$4 | 1,900.00 |
| 19. | that o | calcul | e marital adjustment if it applies. If you are ating the commitment period under 11 U.S.C. § opy the amount from line 13. | | | | |
| | 19a. | If th | ne marital adjustment does not apply, fill in 0 or | ı line 19a | | | \$0.00 |
| | 19b. | Sul | otract line 19a from line 18. | | | \$4 | 1,900.00 |
| 20. | Calc | ulate | your current monthly income for the year. | Follow these steps: | | | |
| | 20a. | Cop | by line 19b | | | \$4 | 4,900.00 |
| | | Mul | tiply by 12 (the number of months in a year). | | | Х | 12 |
| | 20b. | The | e result is your current monthly income for the y | ear for this part of the form | 1. | \$58 | 3,800.00 |
| | 20c. | Cop | by the median family income for your state and | size of household from line | e 16c | . \$58 | 3,363.00 |
| 21. | How | do th | ne lines compare? | | | | |
| | | | 20b is less than line 20c. Unless otherwise ord k box 3, <i>The commitment period is 3 years</i> . Go | | op of page 1 of this form, | | |
| | ك | | 20b is more than or equal to line 20c. Unless of sform, check box 4, <i>The commitment period is</i> | - | ourt, on the top of page 1 | | |

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| Debtor 1 | Emmanuel Poulard | Case number (if known) |
|----------|--|--|
| Part 4: | Sign Below | |
| By sig | ning here, under penalty of perjury I declare that | at the information on this statement and in any attachments is true and correct. |
| χ /s/ | Emmanuel Poulard | X |
| Em | nmanuel Poulard, Debtor 1 | Signature of Debtor 2 |
| Da | te 3/29/2018 | Date |
| | MM / DD / YYYY | MM / DD / YYYY |

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| Fill in this inf | ormation to iden | | | |
|---------------------------------|------------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Emmanuel | | Poulard | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| (Opodoc, ii iiiiig) | T HOL TAINE | Wildelie Wallie | Edot Hamo | |
| United States Ba | nkruptcy Court for the | STRICT OF GEORGIA | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,132.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

| People who are under 65 years of age | | | | | |
|--|----------|--------|---------|--------|---------|
| 7a. Out-of-pocket health care allowance per person | \$49.00 | | | | |
| 7b. Number of people who are under 65 | x2 | Сору | | | |
| 7c. Subtotal. Multiply line 7a by line 7b. | \$98.00 | here - | \$98.00 | | |
| People who are 65 years of age or older | | | | | |
| 7d. Out-of-pocket health care allowance per person | \$117.00 | | | | |
| 7e. Number of people who are 65 or older | х | Сору | | | |
| 7f. Subtotal. Multiply line 7d by line 7e. | \$0.00 | here → | +\$0.00 | Сору | |
| 7g. Total. Add lines 7c and 7f | | | \$98.00 | here - | \$98.00 |

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| Debto | or 1 | Emmanuel Poulard | Case number (if known) | |
|-------|--------------|--|---|----------|
| Loc | al Sta | andards You must use the IR | RS Local Standards to answer the questions in lines 8-15. | |
| | | n information from the IRS, the U.S. ruptcy purposes into two parts: | Trustee Program has divided the IRS Local Standard for housing | |
| | | ng and utilities Insurance and op ng and utilities Mortgage or rent | | |
| the | link s | • | e U.S. Trustee Program chart. To find the chart, go online using as for this form. This chart may also be available at the | |
| 8. | | _ | operating expenses: Using the number of people you entered in line 5, nty for insurance and operating expenses. | \$582.00 |
| 9. | Hou | sing and utilities Mortgage or ren | nt expenses: | |
| | 9a. | Using the number of people you enter for your county for mortgage or rent of | ered in line 5, fill in the dollar amount listed expenses. \$1,161.00 | |
| | 9b. | Total average monthly payment for a your home. | all mortgages and other debts secured by | |
| | | To calculate the total average month contractually due to each secured crebankruptcy. Next divide by 60. | ally payment, add all amounts that are editor in the 60 months after you file for | |
| | | Name of the creditor | Average monthly payment | |
| | | The Talbot State Bank | \$1,322.00 | |
| | | | | |
| | | 9b. Total average monthly payment | Copy amount on | |
| | 9c. | Net mortgage or rent expense. | | |
| | | Subtract line 9b (total average month rent expense). If this number is less | nly payment) from line 9a (mortgage or than \$0, enter \$0. | \$0.00 |
| 10. | - | _ | am's division of the IRS Local Standard for housing is incorrect thly expenses, fill in any additional amount you claim. | |
| | Expl why: | | | |
| 11. | Loca | al transportation expenses: Check to 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. | the number of vehicles for which you claim an ownership or operating expense. | |
| 12. | | | RS Local Standards and the number of vehicles for which you claim the | \$229.00 |

| Debto | r1 <u>Emn</u> | nanuel Poulard | Case number (if known) | |
|-------|---------------|--|---|----------|
| 13. | expense for | nership or lease expense: Using the IRS Local Streach vehicle below. You may not claim the expense In addition, you may not claim the expense for more | e if you do not make any loan or lease payments on | |
| | Vehicle 1 | Describe Vehicle 1: 2008 Mercedes 550 | | |
| | 13a. Owners | ship or leasing costs using IRS Local Standard | \$485.00 | |
| | 13b. Averag | ge monthly payment for all debts secured by Vehicle | 1. | |
| | Do not | include costs for leased vehicles. | | |
| | amoun | culate the average monthly payment here and on ling its that are contractually due to each secured credition file for bankruptcy. Then divide by 60. | | |
| | Name | e of each creditor for Vehicle 1 Avera payme | ge monthly nt | |
| | Capita | al One Auto Finance + | 309.15 | |
| | | Total average monthly payment | Copy here - \$309.15 Repeat this amount on line 33b. | |
| | | hicle 1 ownership or lease expense. ct line 13b from line 13a. If this number is less than | Copy net Vehicle 1 expense \$0, enter \$0. \$175.85 | \$175.85 |
| | Vehicle 2 | Describe Vehicle 2: | | |
| | 13d. Owners | ship or leasing costs using IRS Local Standard | | |
| | 13e. Averag | ge monthly payment for all debts secured by Vehicle or leased vehicles. | | |
| | Name | e of each creditor for Vehicle 2 Avera payme | ge monthly nt | |
| | | | Panast this | |
| | | Total average monthly payment | Copy Repeat this amount on line 33c. | |
| | | hicle 2 ownership or lease expense. ct line 13e from 13d. If this number is less than \$0, | Copy net Vehicle 2 expense here | \$0.00 |
| 14. | | sportation expense: If you claimed 0 vehicles in li | ne 11, using the IRS Local Standards, fill in the Public e public transportation. | \$0.00 |

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| Debto | Emmanuel Poulard | Case number (if known) | | | |
|-------|--|--|------------|--|--|
| 15. | also deduct a public transportatio | n expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may n expense, you may fill in what you believe is the appropriate expense, but you may all Standard for Public Transportation. | \$0.00 | | |
| Othe | | addition to the expense deductions listed above, you are allowed your monthly expenses for thowing IRS categories. | ne | | |
| 16. | employment taxes, social security your pay for these taxes. However | t that you actually pay for federal, state and local taxes, such as income taxes, self- / taxes, and Medicare taxes. You may include the monthly amount withheld from er, if you expect to receive a tax refund, you must divide the expected refund by 12 e total monthly amount that is withheld to pay for taxes. or use taxes. | \$0.00 | | |
| 17. | union dues, and uniform costs. | tal monthly payroll deductions that your job requires, such as retirement contributions, | \$0.00 | | |
| 18. | Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | | | |
| 19. | agency, such as spousal or child | total monthly amount that you pay as required by the order of a court or administrative support payments. due obligations for spousal or child support. You will list these obligations in line 35. | \$0.00 | | |
| 20. | ■ as a condition for your job, or | challenged dependent child if no public education is available for similar services. | \$0.00 | | |
| 21. | Childcare: The total monthly am | ount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | \$0.00 | | |
| 22. | 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. | | | | |
| 23. | 3. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | |
| 24. | Add all of the expenses allowed Add lines 6 through 23. | d under the IRS expense allowances. | \$2,216.85 | | |
| Add | itional Expense Deductions | These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. | | | |
| 25. | • | urance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your | | | |
| | Health insurance | \$0.00 | | | |
| | Disability insurance | <u>\$0.00</u> | | | |
| | Health savings account | +\$0.00 | | | |
| | Total | \$0.00 Copy total here | \$0.00 | | |
| | Do you actually spend this total a | mount? | | | |
| | No. How much do you actua✓ Yes | ully spend? | | | |
| 26. | will continue to pay for the reason member of your household or me | care of household or family members. The actual monthly expenses that you hable and necessary care and support of an elderly, chronically ill, or disabled mber of your immediate family who is unable to pay for such expenses. These has to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). | \$0.00 | | |

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| ebto | r 1 | Emmanuel Poulard Case number (if known) | | |
|------|--|--|----|--------|
| 27. | Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. | | | |
| 28. | Addit on line | ional home energy costs. Your home energy costs are included in your insurance and operating expenses e 8. | | |
| | • | believe that you have home energy costs that are more than the home energy costs included in expenses on , then fill in the excess amount of home energy costs. | | |
| | | nust give your case trustee documentation of your actual expenses, and you must show that the additional nt claimed is reasonable and necessary. | | |
| 29. | \$160. | ation expenses for dependent children who are younger than 18. The monthly expenses (not more than 42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or elementary or secondary school. | | \$0.00 |
| | | nust give your case trustee documentation of your actual expenses, and you must explain why the amount ed is reasonable and necessary and not already accounted for in lines 6-23. | | |
| | * Sub | ject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. | | |
| 30. | highe | ional food and clothing expense. The monthly amount by which your actual food and clothing expenses are r than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more 5% of the food and clothing allowances in the IRS National Standards. | | |
| | | d a chart showing the maximum additional allowance, go online using the link specified in the separate ctions for this form. This chart may also be available at the bankruptcy clerk's office. | | |
| | You n | nust show that the additional amount claimed is reasonable and necessary. | | |
| 31. | | nuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial ments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). | +_ | \$0.00 |
| | Do no | ot include any amount more than 15% of your gross monthly income. | | |
| 32. | | all of the additional expense deductions. nes 25 though 31. | | \$0.00 |

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| Debtor 1 | | Emmanuel Poulard Cas | | | | umber (if known) | | | |
|---|--|--------------------------|---|----------------------------------|--|-----------------------|-----------------|------------|--|
| Ded | Deductions for Debt Payment | | | | | | | | |
| 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle | | | | | | | | | |
| | loans, and other secured debt, fill in lines 33a through 33e. | | | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | | |
| | | | | | Average monthly | | | | |
| | | Mortgages on your | home | | pa | yment | | | |
| | 33a. | | nome | | | \$1,322.00 | | | |
| | | Loans on your first | | | ······································ | | | | |
| | 33b. | - | | | → | \$309.15 | | | |
| | 33c. | Copy line 13e here | | | → | \$0.00 | | | |
| | 33d. | List other secured de | ebts: | | | | | | |
| | | e of each creditor for | | | payment | | | | |
| | otnei | secured debt | secures the dept | secures the debt include insurar | | | | | |
| | | | | | □ No | | | | |
| | | | | | Yes | | | | |
| | | | | | □ No | | | | |
| | | | | | □ Yes □ No . | | | | |
| | | | | | □ No + □ Yes | | | | |
| | 220 | Total avarage month | ly normant Add lines 22s through | h 22d | | \$1,631.15 | Copy total | \$1,631.15 | |
| 24 | | • | ly payment. Add lines 33a through | | L | | here → | | |
| 34. | | | ted in line 33 secured by your parts ort or the support of your depend | | e, a venicie, | , or other proper | ty | | |
| | ☐ No. Go to line 35. | | | | | | | | |
| | $\overline{\mathbf{A}}$ | • | int that you must pay to a creditor, | | | | • | | |
| | | possession of y | our property (called the cure amou | unt). Next, divide | e by 60 and f | rill in the informati | on below. | | |
| Nan | ne of t | he creditor | Identify property that secures the debt | Total cure amount | | Monthly cure amount | | | |
| | | | | | | | | | |
| Capital (| | One Auto Finance | 2008 Mercedes 550 | \$616.00 | ÷ 60 = | \$10.27 | | | |
| The | Talb | ot State Bank | 2251 Swift Current Dr | \$17,325.00 | ÷ 60 = | \$288.75 | | | |
| | | | | | ÷ 60 = + | | | | |
| | | | | | | | Comy total | | |
| | | | | | Total | \$299.02 | Copy total here | \$299.02 | |
| 35. | Do you owe any priority claimssuch as a priority tax, child support, or | | | | | | | | |
| | alimonythat are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. | | | | | | | | |
| | | No. Go to line 36. | | | | | | | |
| | ш | Yes. Fill in the total a | amount of all of these priority claim | | | | | | |
| | | current or ongoi | ing priority claims, such as those y | ou listed in line | 19. | | | | |
| | | Total amount of | all past-due priority claims | | | \$6,842.00 | ÷ 60 = | \$114.03 | |

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| Debto | er 1 Emmanuel Poulard | Ca | ase number (if known) | | | | |
|-------|---|---|-----------------------|-----------------|------------|--|--|
| 36. | Projected monthly Chapter 13 plan payment | | \$1,135.00 | | | | |
| | Current multiplier for your district as stated on the list is Office of the United States Courts (for districts in Alabar by the Executive Office for United States Trustees (for a | ma and North Carolina) or | | | | | |
| | To find a list of district multipliers that includes your dist specified in the separate instructions for this form. This at the bankruptcy clerk's office. | | x | % | | | |
| | Average monthly administrative expense | | \$85.13 | Copy total here | \$85.13 | | |
| 37. | Add all of the deductions for debt payment. Add lines 33g through 36. | | | | \$2,129.33 | | |
| Tota | al Deductions from Income | | | | | | |
| 38. | Add all of the allowed deductions. | | | | | | |
| | Copy line 24, All of the expenses allowed under IRS ex | pense allowances | \$2,216.85 | | | | |
| | Copy line 32, All of the additional expense deductions | | \$0.00 | | | | |
| | Copy line 37, All of the deductions for debt payment | | + \$2,129.33 | | | | |
| | Total deductions | | \$4,346.18 | Copy total here | \$4,346.18 | | |
| | Determine Your Disposable Income | | | | | | |
| 39. | Copy your total current monthly income from line 14 Statement of Your Current Monthly Income and Calc | _ | | | \$4,900.00 | | |
| 40. | Fill in any reasonably necessary income you receive The monthly average of any child support payments, for disability payments for a dependent child, reported in Prayou received in accordance with applicable nonbankrup reasonably necessary to be expended for such child. | ster care payments, or art 1 of Form 122C-1, that | children. | | | | |
| 41. | Fill in all qualified retirement deductions. The month your employer withheld from wages as contributions for plans, as specified in 11 U.S.C. § 541(b)(7) plus all requirement plans, as specified in 11 U.S.C. § 362(b) | qualified retirement uired repayments of loans | \$0.00 | | | | |
| 42. | Total of all deductions allowed under 11 U.S.C. § 70 Copy line 38 here | | \$4,346.18 | | | | |
| 43. | Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. | | | | | | |
| | Describe the special circumstances | Amount of expense | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | _+ | | | | | |
| | Total | \$0.00 Copy | → +\$0.00 | | | | |

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| Debto | r1 | Emmai | nuel P | oulard | Case number (if k | nown) | | |
|-------|---|-----------------|---------|---|-----------------------------|-----------------------|-----------------------|--|
| 44. | Total a | ıdjustm | ents. | Add lines 40 through 43 | | 6.18 Copy | → - <u>\$4,346.18</u> | |
| 45. | Calcul | ate you | r mont | hly disposable income under § 1325(b)(2). Subtra | act line 44 from line 39. | | \$553.82 | |
| Par | t 3: | Chan | ige in | Income or Expenses | | | | |
| 46. | Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. | | | | | | | |
| | Form | 1 | Line | Reason for change | Date of change | Increase or decrease? | r Amount of change | |
| | <u> </u> | 22C-1 | | | | ☐ Increas | e | |
| | | 22C-2 | | | | Decreas | se | |
| | ш | 22C-1 22C-2 | | | | Increas Decreas | | |
| | <u> </u> | 22C-1 | | | | ☐ Increas | е | |
| | □ 1 | 22C-2 | | - | | Decreas | se | |
| | ш | 22C-1 | | | | Increas | | |
| | 1 | 22C-2 | | • | | — ☐ Decrea | se | |
| Par | t 4: | Sign | Belov | N | | | | |
| | By sign | ning here | e, unde | r penalty of perjury you declare that the information | on this statement and in ar | ny attachments | is true and correct. | |
| | | Emmaı manuel | | d, Debtor 1 | Signature of Debtor 2 | | | |
| | Dat | e 3/29 MM / | /2018 | YYYY | Date MM / DD / YYYY | | | |